


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90063 001 \*\*\*150.00

DOCUMENT # P99000057589 1. Entity Name B & B EQUIPMENT RENTALS, INC.	
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Principal Place of Business 15787 331 SOUTH FREEPORT, FL 32439	Mailing Address 15787 331 SOUTH FREEPORT, FL 32439
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20022550



03092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3588414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEAVER, CHARLES A  
15787 331 SOUTH  
FREEPORT, FL 32439

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	PRESIDENT
NAME	BEAVER, CHARLES A	
STREET ADDRESS	15787 331 SOUTH	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	D	VICE-PRESIDENT
NAME	PINCKARD, LEE	
STREET ADDRESS	15787 33 SOUTH	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	D	SECRETARY
NAME	PINCKARD, MARY F	
STREET ADDRESS	15787 331 SOUTH	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles A. Beaver      03/14/05      850/835-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CHARLES A. BEAVER